

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 214

Registered No. 122

1. PLACE OF BIRTH

County Graham State Arizona

District or Township Safford or Village

City Safford No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _____
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	6. Legitimate? <u>yes</u>	7. Date of birth <u>May 23-1928</u> Month Day Year
		5. No., in order of birth <u>5</u>		

8. FATHER
Full name Karl Lance Sanders

14. MOTHER
Full maiden name Mable Talley

9. Residence (Usual place of abode) Safford
If non-resident, give place and state.

15. Residence (Usual place of abode) Safford
If non-resident, give place and state.

10. Color or race white
11. Age at last birthday 28 (Years)

16. Color or race white
17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Apache Co
(State or country) Ariz

18. Birthplace (city or place) Graham Co Ariz
(State or country)

13. Occupation Service Station man
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother <u>5</u> (Taken as of time of birth of child herein certified and including this child).	(a) Born alive and now living <u>3</u>	21. Were precautions taken against ophthalmia neonatorum.
	(b) Born alive but now dead <u>2</u>	<u>yes</u>
	(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 9:5 p. m. on the date above stated.
 (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature [Signature] (Physician or midwife).

Given name added from May 23-1928 Address _____
 a supplemental report Month, day, year

Registrar. Filed June 9, 1928 [Signature] Registrar.

022-523-438 H.O.I.